

Indirect Service/Vendor Contract Review Summary Report

Division: Division of Services for People with Disabilities Review Date: _____

Provider Name: _____

Provider ID: _____

Contract #: _____

From: _____ To: _____

Review Location(s): _____

Reviewer(s): _____

Compliance Ratings: Y = Yes; N = No; N/A = Not Applicable

Fiscal Monitoring Plan

Component	Compliance? (Yes / No / N/A)			Comments
Provider Qualifications				
Provider qualifications (license, experience, etc.)	Yes	No	N/A	Major _____ Significant _____ Minor _____

Performance Measures

Does the Provider meet the deliverables required in the contract?	Yes	No	N/A	Major _____ Significant _____ Minor _____

Fiscal Monitoring

Billings from providers are itemized in same categories as contracted budget?	Yes	No	N/A	Major _____ Significant _____ Minor _____
Itemized billings are consistent with contracted budget? (Note: requires review prior to fund disbursement)	Yes	No	N/A	Major _____ Significant _____ Minor _____
Onsite reviews of "costs of service" are in compliance with contracted budget?	Yes	No	N/A	Major _____ Significant _____ Minor _____

Federal Assurances and Standard Terms

Annual self-certification signed? (Only required for multi-year contracts)	Yes	No	N/A	Major _____ Significant _____ Minor _____
The sample of standard terms and/or Federal Assurances reviewed indicates compliance?	Yes	No	N/A	Major _____ Significant _____ Minor _____

Conflict of Interest, Code(s) of Conduct, Indemnity Insurance

Additional Requirements/Major Deliverables

	Yes	No	N/A	Major _____ Significant _____ Minor _____

REVIEW SUMMARY:

Contract Monitor Signature / Date _____

Contract Monitor Name (Please Print) _____